V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63332
1. PLACE OF DEATH	(Fa) ()
County Worcesler.	Registration Dist. No. 35
Village or City Oserline (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Leter albert 1) Jak	eer.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March. 27, 193 2. (Month) (Day) (Year)
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of	22. 1 HEREBY GERTHA, That I attended decassed from
6. DATE OF BIRTH (month, day, and yaer) Dec. 28, 1864	I last saw h alive on
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.40Pm.
6 / // 2 / · ormin.	The PRINCIPAL CAUSE OF DEATH and raleted causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	States Million Rehis
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was dona, es SILK MHLL, SAW MILL, BANK, atc. 10. Oate deceasad last worked et this occupation (month and	
SAW MILL, BANK, atc	
10. Oate deceased last worked et this occupation (month and year)	
	Other Contributory Causes of Impart fice:
12. BIRTHPLACE (city or town) Mary land	1 B.L.
13. NAME Peter Baker.	
13. NAME Veter Baker. 14. BIRTHPLACE (city or town) Mary Laurel	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clarcy Evans. 16. BIRTHPLACE (city or town) Maryland	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) maryland	Accidant, suicida, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sylvaslu Caluer. (Address) Berlin M.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place West wood, DEL Oate 3/29, 19 12.	Neture of Injury
19. UNDERTAKER John W. Burbaya	24. Was disease or injury in any wey related to occupation of daceased?
142cl 02 00 h 1 h	If so, specify (Signed)
20. FILEO Registrar.	(Address) Address Coly 1 de Ch. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 4 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage THERAU V. S	July 5,1927	Peritonitis	3 days ago
0			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocntcritis	1 year

of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH	4.41.6
1. PLACE OF DEATH	03	334
County Workster	Registration Dist. No. 3	55
Village or City Dework		Ward
(III	f death occurred in a hospital or institution, give its NAME instead of street and r	number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. If of foreign birth?yrsmo	osds.
2. FULL NAME Laura In Bridge	ell	
(a) Residence: No.	CSt., Ward.	0.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	march 17	, 193 3 7
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Grave Buddell	22. I HEREBY CERTIFY, That I attended	
Grade Flance	march \$10.32 10 mas 1	
6. DATE OF BIRTH (month, day, and year)	I last saw h. en alive on march 6, 1932	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.	
3/ 9 Transin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		7el 14
SAWYER, BOOKKEEPER, etc.	dagappe:	
9. Industry or business in which work was done, as SILK MILL, Available SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation (month end year)		
12. BIRTHPLACE (city or town) Fruck ma	Other Contributory Causes of Importances Bunches to numerica	Brachy
± 0	none and	
4. BIRTHPLACE (city or town) (Multiple Control	Name of operation Date of Was there an a	autoneu?
15. MAIDEN NAME anne man a Lyanan	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME anne marie Forenam 16. BIRTHPLACE (city or town) rewark (State or country)	Accident, suicide, or homicide? Date of Injury	
State or country)	Where did injury occur?	
17. INFORMANT Saac Brid dell (Address) new or h	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL &	Manner of injury	
Place Coda, Chapel Str. Date March: 1972		
19. UNDERTAKER J. W. 13 usbassey	24. Was disease or Injury In any way related to occupation of deceased?	no
20. FILED 3-19, 1992 Helen J. Hayward	(Signed) a Holdand (Address) Bellin md	M. D.

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Example I	t direction of the second	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 2 1932 1.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH County Warrester	STATE OF MARYLAND CERTIFICATE OF DEATH
111-1	Registration Dist. No. 34
Village or City Mules from 9 2FULL NAME / from S	St.: Ward) St.: Ward) A hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH/March 28, 1925 2 (Month) (Day) (Year)
6 DATE OF BIRTH September 174, 1881 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 2 2 1972 to Man 28, 1992 that I last saw h kin alive on Man 27, 1982
7 AGE If LESS than I day hrs. ds. or min.?	
8 OCCUPATION (a) Trade, profession or Harmen particular kind of work	Augura Pictorio
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre mos 5 de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF	Contributory Secondary (Durayon) (Signed) M, D.
11 BIRTHPLACE OF FATHER (State or country) Mary gard	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Marks Persey, 13 BIRTHPLACE OF MOTHER	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs ds. State yrs ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Officement Serbert Browning	Former or usual residence
15 Filed 3/39 19232 REROY Sweeth	Man 19. 193. 20 UNDERTAKER TO LEVELLEN TO COMO POR LES
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requeating V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cool: ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form loborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros_I inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> or as probably such, if impossible to determine definitely. approved by Committee on stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death can be ascertained as the cause. (secondary Whooping Never report mere symptoms or terminal condi or intercurrent) affection need cough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED

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Cerebrol hemorrhage 5	July 5,1927	Perilonitis	3 days ogo
PHRYAU V.S.	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEA		•		<u> </u>
County	orces	er		Registration Dist. No. 33/
Village or City	un gi	rdletr	ee, Md	No. St., W
Length of residence in	city or town where	death occurred	yrsmo:	ds. How long In U.S. if of foreign birth?wrsmos
2. FULL NAME	Balon	Coll	ich	
(a) Residence: No.				St., Ward.
		(Usual place		If nonresident give city or town and State
PERSONAL AI		,		MEDICAL CERTIFICATE OF DEATH
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5a. If married, widowed, or div HUSBAND of (or) WIFE of	rorced			22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, d	VM	25. 25	a 1932	l last sew h elive on, 19, 19; death is
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 7 40 A.m.
0	0	0	1 day,hrs.	THE I KING THE CAUSE OF SEATH ONE TOTAL OF SEASON OF THE POST OF T
8. Trade, profession, or	particular			were es follows: Priscorriage Date of o
kind of work done SAWYER, BOOKKI	EPER, etc			so says medeville
9. Industry or business work was done, as	SILK MILL.			
kind of work done SAWYER, BOOKH 9. Industry or business work was done, as SAW MILL, BANK 10. Date deceased last with soccuration (m	orked at	11. Total t	ime (years)	
this occupation (m			nt in this upation	
12. BIRTHPLACE (city or town) Near	Girale	tree, Md.	Other Contributory Causes of importance:
(State or country)		00 0	•	
13. NAME 14 Q	suy c	ollic	12 344	
13. NAME 14 Q		n Girol	Reliee, 140	Name of operation
(State of Country)	0.	10.0		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	ma.	Jayron	1	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city er (State or country		ساس	AL WAS	Accident, suicide, or homicide? Date of injury, 19
14	T. Co	Biok		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	desta	00 50	Ld -	Specify whether injury occurred in Theodorn, in Names, of the doctor is not
18. BURIAL, CREMATION, OR	REMOVAL O	alesa	a. a.t	Manner of injury
Place Coving	ring	Date M	94.21-,1932	Neture of Injury
19. UNDERTAKER 3	dok O	Durin	ell.	24. Wes disease or Injury in any way related to occupation of deceased?
(Address)	idletr	ee, m	el-RD	If so, specify Q Q
20. FILED 3/2/	1932 &	Ekoy ,	Seeleth,	(Signed) Selow Hell, mal!
	If more	e blanks are needed,		, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EUPLIAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(State or country)

(State or country

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 3 3-2 County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred.... How long in U.S. it of foreign birth? ______ yrs. ____ mos. ____ ds. 2. FULL NAME St. (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced 22. 1 HEREBY CERTIFY. That I attended deceased from mar 25-32 6. DATE OF BIRTH (month, day, end year) to have occurred on the date stated above, at during Months Davs If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were es follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... O. Oate deceased last worked at this occupation (month and 11. Total time (years) spent in this year) _____ occupation _____

Other Contributory Causes of Importance. What test confirmed diagnosis?____ Wes there en autopsy?____

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?______ Oate of injury_____ 19.

Where did Injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury

24. Was disease or injury In any way related to occupation of deceased? If so, specify _____

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mau 29,932

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Ref. in the	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 - 1/2 2				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2(1)
County Worcester	Registration Dist. No. 3 57
Village or City Snow Hill md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrs	
2. FULL NAME Waitman Cooper	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 26 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of Wurbard of marial Coper (or) WIFE of Wurbard of marial Coper	
5. DATE OF BIRTH (month, day, and year) Oct. 1. 1864	, 19 , to , , , 19
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12m.
67 5 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER.	no Doclos en allendance Date of onset
kind of work done, as SPINNER, Jime Plant	The Doctor last alleuding
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	deceared said he had
SAW MILL, BANK, etc	ulceraled stomach s.
this occupation (month and 1929 spent in this occupation 10 spen	and probably Career of Awer
Million 20el.	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) . My	
13. NAME unknown	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Marial Cooper (Address) Snow Hill ma.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVATION CEM.	Manner of injury
Place Snow Hill md Date man 18, 1932	Nature of injury
19. UNDERTAKER Chas Q Purnyll	24. Was disease or injury in any way related to occupation of deceased?
(Address) Snaw fill my	If so, specify POP
20. FILEO. 3/26, 1932 LECoy Swith Registrar.	(Signed) Legis Vill Md. D. (Address) Sugar Vill Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	97	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V.S.	a proposed and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every Item of I

S. No. 1

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PLACE OF DEATH

	7.17									
County	1.1	0	To	C	0	S	T	e	To	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	y Stockton JLL NAME J.Ha		Davis		St: Ward	tion, give its NAME In-
PERSO	NAL AND STATIST	ICAL PARTICL	JLARS	MEDICAL	CERTIFICATE	OF DEATH
Male	4 COLOR OR RACE	B SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	Single	Stockton, Nd.	(Month) 3	d., 1922
6 DATE OF BIR			, 1927.	Fels. 26	ERTIFY, That I at	tended the deceased from 1923 2
7 AGE	4 yrs. 4	mos. 16 de	If LESS than l day hrs.		* was as follows:	d above, at 3.00 F.m.
(b) General n business, or e	verofession or and of work and of work and of work and of work and of the work			Cerebro-	- Rhinal	meningitis
9 BIRTHPLACE (State or co	E Duntry) OF	ennsylvai	nia	(Signed) John	De hour	mos do.
[1]	LACE HER or country)	P.Davis aryland		*State the Dises Violent Causes, state Accidental, Suicidal or		or, in desths from niury and (2) Whether
12 MAIDEN OF MOTI	HER Benls	h Payne ryland		18 LENGTH OF RESII ients or Recent Resid At place of deathyrsmos.	DENCE (For Hosp lents) In th	itals, Institutions, Trans-
14 THE ABOVE	is true to the bes	OF MY KNOWL	EDGE	Where was disease contract if not at place of death?. Former or usual residence		
	Stockt		and.	Remsens Ceme Worcester Co	tary,	March 6the 32
Filed/191	If more hanks are	hooded, address	Registrar	r, 16 W. Saratoga St., Bal	Leveuson	Pocomoke City Waryland. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy 6 Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); **Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular etc. The contributory heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	3D. Every	YSICIANS	statement	
	I' RECOF	Y. РН	Exact	
NDING	RMANEN	XACTL	classified.	
FOR BI	IS A PEI	stated E	properly	certificate.
G	HIS	pe	pe	Je .
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every it	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement or	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import
V. S. No. 1	N. BWRITE PLAIN	mation should b	CAUSE OF DE	TION is vory

_	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Warushin	Registration Dist. No. 332
Village or Cityfollows	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME John H. Danio	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male er OR DIVORCED (write the word)	March 25 , 193 2 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Mille a. Duis	22. 1 HEREBY CERTIFY. That I atlanded daceasad from 19 31, to March 85, 1956
6. DATE OF BIRTH (month, day, end year)	I lest sew h.1 alive on mand 14, 1983; death is said
7. AGE Yaars Months Deys If LESS than 1 dey, hrs.	I THE I KINCH AL CAUSE OF DEATH and Leigted Causes of Importante
8. Trade, profassion, or particular	ware as follows: Date of one et
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc	- Chronic Vahulan Frant offered
8. Irade, Profassion, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or businass In which work wes done, as SILK MILL, SAW MILL, BANK, atc 10. Date daceased last worked et this occuration (month end	1930
10. Date daceased last worked et this occupation (month end spear)	
12. BIRTHPLACE (city or town). Md	Other Contributory Causes of Importanca:
(State or country)	-
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Name of oparation Data of Data of
	What tast confirmed diagnosis? Was there an autopsy? The
16. BIRTHPLACE (city or town) Md	23. If daath wes due to axternal ceuses (VIOLENCE) fill in elso the following: Accidant, suicide, or homicide?
2 (State or country) 17. INFORMANT MILLE A D TOWNS (Address)	Whare did injury occur? (Specify city or town, county and State) Spacify whathar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL SILL Data MUN. 2. 8, 19.3.	Mannar of injury
19. UNDERTAKER () Dustage (Addrass)	24. Wes disaasa or injury in any wey raletad to occupetion of daceasad?
20. FILED Meer 25, 19 32 & V. Megratical Registrat.	(Signad) CANO MA M. C
Alexander Alexander	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of of importance were as: Arteriosclerosis	death and related causes follows:		The principal cause of death and related causes of importance were as follows:	
	4.4	1915	Attack of epilepsy Run over by street car	1 week ago
Chronic interstitial nephri	2718	1921	Kun over by street car	1 week ago
Cerebral hemorrhage	BURNA	July 5,1927	Peritonitis	3 days ago
Other contributory cau	uses of importance:		Other contributory causes of importance:	
Office Company Card	mes of importance.	E. WILLIAM	Outer constructory causes of importance.	
Gallstones		May 1,1923	Gastroenteritis	1 year

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

PLACE OF DEATH County Worrester

63343 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 355

Village or City / Oullan (No	St.: Ward) (If death occurred in a hospital or institution, give ita NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenull W SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Mash (Month) (Day) (Year)
6 DATE OF BIRTH Dec. 27, 1847 (Month) (Day) (Year)	that I last saw her alive on march 15, 1952,
7 AGE Styrs. 2 mos. 19 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Brondo Preumona
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vis. mos. 5, ds.
9 BIRTHPLACE (State or country)	Secondary (Duration)yrsmosds,
10 NAME OF FATHER John W. Wennie	(Signed) Q Deland M. D. may. 17 1982 (Address) Berlin md
OF FATHER (State or country) Md.	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Thurs Bushage	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Md	At place of death yrs ds. In the State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs. Goldin Melvin	usual residence
(Address) ODelman Mil.	Bucking ham Mar. 18, 1932
15 Filed 3-17 1932 Helen J. Hay Ward	1. W. Bushage Bushin and

If more b.anks are needed, addre.s Ltato Kegistrar, 76 W. Saratoga St., Balto., Loquesting V. S. I.o. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specincation as νuy laborer, Farm loborer, Luborer—Coal mine, etc. Women at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Homsemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Foreman, For many occupations a yrs). For persons who have no occupation single word or term on But in many

spinal meningitis"; Dinhlheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> approved "(Exhaustion," "Heart mure,
> "(Inanition," "Marasmus," "Old Age," "Shook,"
> "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tedanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Пастотгhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by Committee on Nomenclature of the cough; Chronic valvular heart disease Example: Measles (disease etc. The contributory

data is essential If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the and must be obtained before the certificate is

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LION

STATE OF MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. R. D.#1 (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?. Length of residence in city or town where death occurred. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowad, or divorced HUSBAND of That I attended deceased from (or) WIFE of : death is said 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated abova, 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular TION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this year) __ occupation 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE city or town (State of country) What tast confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town (State or country Where did injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Addre 18. BURIAL. Manner of injury Nature of injury 24. Was disease or injury in any way related to-occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

Registrar.

(Address)

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days aga
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PLACE OF DEATH County Worcester				82-0	MARYLAND OF DEATH		
	y FOCOMOKE Cit	(No	<u> </u>	Registration Dist. No			(If death occurred a hospital or instition, give its NAME stead of street
PERSO	NAL AND STATISTI	CAL PARTICU	JLARS	ME	DICAL CERTIF	ICATE C	F DEATH
3 sex Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	Widow	ocomoke C	Marc		
6 DATE OF BI	Tanuary (Month)	6th (Day)	, 1859. (Year)	that I last saw h	193 2	to the	ended the deceased fr
7 AGE	73 yrs. 1 r	nos25ds	If LESS than I day hrs. or min.?				above, at 9 . 20 A
particular ki (b) General business, or which emplo BIRTHPLAC (State or c	country)	rland.		· Contributory Secondary	(Dur		Johnson Mos
lal	Ralph A.Ro	yland.			95 2 (Address) Disease Causin, state (1) Mea		or, in deaths from
OF MOT 13 BIRTHI OF MOT	THER Cassie] PLACE THER	<u> </u>		18 LENGTH OF ients or Recen At place of death yrs	RESIDENCE (F t Residents)	In the	e yrs. mos
(Informat	e is true to the Best		EDGE	Where was disease if not at place of Former or usual residence	death?		DATE OF BURIA
(Au	dress) Ocomoke C	ity, Maryl	and.	Pocomoke	City.lar	vland	Nar. 4th, 19

If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The inaterial (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASC CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the season is essential and must be obtained before the certificate is permanently filed.

APR 2 1

1. PLACE OF		0		CERTIFICATE OF DEATH	
_	Loosees	ster		Registration Dist. No. 352	
Village or Cit	Comme	Cely	Kal	NoSt.,	_War
Length of rasida	anca in city or town whara	daath occurred	/	f death occurred in a horpital or institution, give its NAME instead of street and number; s,ds. How long in U.S. if of foreign birth?yrsmos	d:
2. FULL NAM	" 7	clase	in		
(a) Residence	11/2-	Cela	hud	St., Ward.	
(a) Residence	. 110.	(Usual place	of abode)	If nonresident give city or town and State	
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OF RACE	5. SINGLE, MAR OR DIVORCE	RfED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (You	ear)
a. If married, widowed HUSBAND of	d, or divorced			22 HEREBY CERTIFY Thet I appended decesses	ad fro
(or) WIFE of				make 21 152 to Make 21 18	22
6. DATE OF BIRTH (m	nonth, day, and yaer)			I-last sew h slite on fig. 19 ; death	h is sa
7. AGE 00 Years	Months	Days	If LESS than	to hava occurred on tha date statad abova, etm.	
well to	uc Home	-	1 day,hrs. ormin.	The state of the s	of onse
8. Trade, profass kind of wo	rk done, as SPINNER,			tell born af	
kind of wo SAWYER, E SAW MILL SAW MILL For Date deceased this occupa	BOOKKEEPER, atc.			Romeths term	
Work wes	done, es SILK MILL, , BANK, etc				
	ation (month and	spe	ime (yeers) nt in this		
year)	D.	0000	upetion	Othar Contributory Codes of importance:	
12. BfRTHPLACE (city (Statagor count		- cy	rug	morning of	
13 SHIME	6 Free	afestas	· P.	for len gary fren	1
I	Date	0000 00	136.0	Name of operation Oate of	
14. BIRTHPLACE (What tast confirmed diagnosis? Wes there en autopsy	?
15. MAIOEN NAM	cerel	M. offa	Now	23. If daath was due to external ceuses (VIOLENCE) fill in also the following:	
15. MAIOEN NAM	(city or town) Tes	orces	les Co	Accident, suicide, or homicide?	9
∑ (State or o		n	· ·	Whare did injury occur? (Specify city or town, county and State)	
f7. INFORMANT	agelon	972	er er	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Addrass) f8. BURIAL, CREMATION	ON, OR REMOVAL	Caly	my _		
Placa Placa	yhu the	Date 3	122 1972	Manner of injury	
	9 m 2	mela		Nature of injury	
f9. UNOERTAKER (Addrass)	Bei	li /	Ord	If so, spacify	2
20. FILEO 3/2	22 10 92	9.0 %	Junted	(Signed) Paradie / Howard	M.
20. FILEU	, 19-90-	×-4-10:	Registrar	(Addrass) A solve City Half	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis &	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage APR 4 1932	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			- 3/25	
	<u> </u>		1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH				82-0		
County LL	orlecter				Registration Dist.	No. 35-2
	ty Berlin			No. f death occurred in a hospital or in		
2. FULL NAI (a) Residence	111000	death occurred I		s. ds. How long in U.S.		yrsmos
PERSON	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL	CERTIFICATE OF	F DEATH
S. SEX	4. COLOR OR RACE	5. SINGLE, MAI OR DIVORCI	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEAT	Month)	2 5 , 193 Z
5a. If married, widow HUSBAND of (or) WIFE of	race Graz			22. I HERE	BY CERTIFY.	That I attended deceased f
6. DATE OF BIRTH (month, day, and year)	oles	1832	I last saw bear alive on	3-23	, 19 32 ; death is
7. AGE Year	's Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date s The PRINCIPAL CAUSE OF D were as follows:	stated above, at 3.A	_m. importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which				archr	Men	Date of on
10. Date decease	or town) Bushing	11. Total	time (years) alleant in this of her upation	Other Contributory Causes of	mportance:	
13. NAME PLACE (State or	ter Marse (city or town) Best	y. md		Name of operation		Date of
15. MAIDEN NAM 16. BIRTHPLACE (State or 17. INFORMANT (Address)	(city or town) Best	ma		23. If death was due to external Accident, suicide, or homicide Where did injury occur? Specify whether injury occurre	(Specify city or town	of injury, 19
18, BURIAL, CREMATI Place E als	11	Dete Mas	md v 28, 1932	Manner of injury		
19. UNDERTAKER (Address)	amen F Ste	wast sa	lesly mf	24. Was disease or injury in er If so, specify	y way related to occupation	of deceased?

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Cereoral hemorrhage SDELAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—

STATE C	F MARYL	AND-CERTIF	CATE	OF DEATH
---------	---------	------------	------	----------

4	1.	1,	4	63
1	13	0	4	2)

1. PLACE OF DEATH County Worcester Village or City Pocemoke City	(1368)
County Worcester	Registration Dist. No. 350
Village or City Pocemoke City	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	s ds. How long in U.S. ff of foreign birth?
2. FULL NAME Noah Hayward	
(a) Residence: No. River (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widower	21. DATE OF DEATH March 15. (Dey) (Year)
5a. If merried, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, Thet I attended decaasad from
(or) WIFE of Anna Dennis Hayward	, 19, to, 19
6. DATE OF BIRTH (month, day, end year)	l lest saw h eliva on
7. AGE / Years Months Deys If LESS then	to heve occurred on the date stated above, et 8 . 10 mP . M.
Do not know or min,	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importence
9 Tenda profession or partiaular	No Physician in attendance
SAWYER, BOOKKEEPER, etc. Laborer	Dr N.E. Sartorious attended
Sawyer, Bookkeeper, etc. Sawyer, Bookkeeper, etc. Jahoustry or business in which work west dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and	him 2-years ago.
SAW MILL, BANK, atc	had to draw Urine
11. Total time (years) this occupetion (month and year) year)	no further information cultif?
	Other Contributary Causes of importence:
12. BIRTHPLACE (city or town) Kings Greek Mary land (Steta or country) Somerset County.	
13. NAME Edward Hayward 14. BIRTHPLACE (city or town). Mary land	Neme of operation Dete of
(State or country) Maryland	What test confirmed diegnosis? Wes there en autopsy?] (
15. MAIDEN NAME Do not know 16. BIRTHPLACE (city or town) (State or country) Do not know	23. If deeth was due to axternal ceusas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
S (Stata or country) Do not know	Where did Injury occur?
17. INFORMANT Mollie Doane (Address) Princess Anne Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Curtis Chapel. Cemet	Nanner of injury
Somonset County and . Deta March 20,1932	Nature of injury
19. UNDERTAKER John A. Bradshaw	24. Was diseese or injury in any way releted to occupation of deceesed?
(Address) Cristiald Maryland.	If so, specify
20. FILED March 16, 1932. John / Relig	(Signad) John T Maly Registrar. M.D.
Registrat.	(Address) Pocomoke City Maryland

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la I	6	Example II		
reated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
	1915	Attack of epilepsy	1 week ago	
· 에 기 됐 '	1921	Run over by street car	1 week ago	
67	July 5,1927	Peritonitis	3 days ago	
1 2				
or nce:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
	or nce:	related causes Date of onset 1915 1921 July5,1927 or nee:	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDIN

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	the same of the sa	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

1. PLACE OF DEATH County	6-					174
		m 1		Registration	Dist. No.	9.7
Village or City		II G	death occurred in a hospital or in	stitution, give its NAMI	St.,	War
Length of residence in city or town where	death occurred	yrsmos				
2. FULL NAME	el-t	ww	Jones			
(a) Residence: No.			St. Ward.			
	(Usual place				give city or town	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATI	1
Mad Live		RIED, WIDOWED, O (write the word)	21. DATE OF DEATI	Med.	(Day)	, 199 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of				BY CERTIF	Y, That I atten	ded deceased from
	M-41.	101,				
DATE OF BIRTH (month, day, and year) AGE Years Months	Days	If LESS than	I last saw h alive on.			; death is sai
NOT 16613 MUNICIPAL	Days	1 day,hrs.	to hava occurred on the date s The PRINCIPAL CAUSE OF D were as follows:			Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				•••••		
SAWYER, BOOKKEEPER, etc			1201	Pomo		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc			auc	0000		
10. Date daceased last worked at this occupation (month and spent in this occupation.						
2. BIRTHPLACE (city or town)	1		Other Contributory Causes of importance:			
(State or country)	01					
13. NAME KOY & S	Losses					
14. BIRTHPLACE (elty or town)	1		Name of operation			
(State of country)	do '		What test confirmed diagnosis?			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Kinet	Borrer	23. If death was due to extarnal Accident, suicide, or homicide?	causes (VIDLENCE) fill	in also the follo	wing:
I. INFORMANT May Ekon (Address)	Tor	end	Where did injury occur?	(Specify city or	town, county and ME, or in PUBLIC	Stale) PLACE.
B. BURIAL, CREMATION OR REMOVAL	2 Date Mo	2734	Manner of Injury			
O. UNDERTAKER (Address)	of the second	md	24. Was disease or injury in an	y way related to occupa	tion of deceased?	Reg
FILED IION JOL Ha	MUS	Malera	(Signed)	2-10		AND THE

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
of importance were as follows: Arterioselerosis Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 4 MA	July 5,1927	Peritonitis	3 days ago	
SURIAU V.S.	N. S. C.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(N))	Y, PHYSI-
	RECORD	ted EXACTL periy classifertificate.
INDING	K-THIS IS A PERM. ENT RECORD	supplied. ACE should be stated EXACTLY, PHYSI- in terms so that it may be properly classified. Exact See instructions on back of certificate.
RVED FOR BINDING	S IS A PI	ed. ACE si s so that i
RVED	KTHI	supplie in termi See ins

PLACE (OF D	EATH
---------	------	------

STATE OF MARYLAND CERTIFICATE OF DEATH

(Write the word) Remsens, I'd. (Mo	nth) 3 (Day) 21 (Year) 32 hat I attended the deceased from 1982. McL. St. 1982. Ita stated above, at 7 . 30 A. m.
Female White Married. Widow Remsens, I'd. (Motor the word) 6 DATE OF BIRTH MARRIED. WIDOWED. WIDOW Remsens, I'd. (Motor the word) 17/ I HEREBY CERTIFY, T	hat I attended the deceased from 1982. Mch. St., 1982. ita stated above, at 7.80 A.m.
6 DATE OF BIRTH 170 I HEREBY CERTIFY, T	hat I attended the deceased from Mck. 1982 Mck. St. 1982 ta stated above, at 7 . 30 Am.
June 27th, 1850 (Month) (Day) (Year) that I last saw h. A. alive on A.	
7 AGE If LESS than	D.
(a) Trade, profession or particular kind of work Housewife (b) General nature of industry business, or establishment in which employed or (employer)	ion)
10 NAME OF FATHER William H. Dix 11 BIRTHPLACE OF FATHER (State or country) Virginia 12 MAIDEN NAME (Signed) 1932 (Address) *State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	
of Mother Susan Rayfield 13 BIRTHPLACE OF MOTHER (State or Country) Virginia. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs	In the Stateyrsmosds
(Informant) Mrs. William Jones R.F.D. (Address) Pocomoke City, Maryland. (Address) Pocomoke City, Maryland.	tary DATE OF BURIAL

V. S. No. 1

CIANS sh

If more branks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farner (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the Grocery;

Strtement of Cause of Death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropay," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephrilis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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9	T	X	H	
MARGIN RESERVED FOR BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info	uld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	
BI	E	国	Y	4
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Q	HIS	pe	pe	30
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or-ate N. B.—WRITE PL mation shoul CAUSE OF TION is ver

STATE OF MARYLAND—						CERTIFICA		390
1	. PLACE OF						(1570)	Λ
County Worcester							Registration Dist. No. 35	4
	Village or Cit	y St	ockton			death occurred in a hospit	St.,	Ward
	Length of reside	ence in cit	y or town where	death occurred	yrsmos	ds. How long	in U.S. if of foreign birth?yrs	nosds.
:	. FULL NAW	IE Ja	mes Kel	ley				
	(a) Residence	e: No				St.,Ware		10
OCCUPA	PERSON	AL AND	DETATIST	(Usual place		MEDI	If nonresident give city or town an	d State
3.			R OR RACE	5. SINGLE, MAI	RRIED, WIOOWED.	21. DATE OF D	EATH	0
N	ale	В	lack	sing		***********	March 11, (Month) (Oay)	(Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HE	REBY CERTIFY, That I attended				
	DATE OF BIRTH (n	andh dau	Ma. Ma	rch 9,	1932	I last sew he	ilive on, 19, to, 19	
_	AGE Years		Months	Days	If LESS than		e date stated above, et 6 Am,	,
				2	1 dey,hrs.	The PRINCIPAL CAUS	E OF DEATH and related causes of importance	101
8 Trade profession or particular				none	Alex II et		Clicted with ill	Oate of onset
OCCUPATION	9. Industry or bi	usiness in	which			formed h		
CUP	SAW MILL	., BANK, e	ILK MILL,				4	
00	Date deceased this occupion year)	ation (mor	ked at ith and	11. Totai	time (years) ent in this cupation	1000	allerded	**
			Mar	yland		Other Contributory Can	uses of importance:	
12	BIRTHPLACE (city (State or count		2.00.1	y I and				
ER	13. NAME		Rubin M	arshall				
FATHER	14. BIRTHPLACE	(city or to	wn)			Name of operation	Oate of	
_	(State or o			yland		What test confirmed dis	agnosis? Wes there en	autopsy?
HER	15. MAIDEN NAM	IE .	Hattie	Kelley		23. If death was due to	externel causes (VIOLENCE) fill in also the following	ng:
MOTHER	16. BIRTHPLACE		wn)	ginia			omicide? Oate of injury	, 19
-	(State or					Where did Injury occur	(Specify city or town, county and St	
17. INFORMANT Mar tha Taylor (Address) S tookton Md					W.a	Specify whether injury	occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL				,	1211	_ Manner of injury		
	Piace JO:	s. F	oremans	Gem. N	larch 11.	Neture of injury		
19	UNOERTAKER	Edw	ard Kel	lev.			ry in any way related to occupetion of deceased?	
	(Address)		Stockto			if so, specify	Grand.	
20. FILEO Mar. 11,1932 Harry T. Taylor Registrar.						(Signed) (Address)	Startello ?	nd MYO.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none. RECEIVED

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BUREAU VS 9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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4/4/32

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emlersu 1 week ago Run over by street ear Chronic interstitial nephritis 1921 1 week ago Peritonitis. Cerebral hemorrhage July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

S	TATE O	F MARY	LAND-	CERTIFICATE OF DEATH	63354
1. PLACE OF DEA	TH	-		707-00 Registration Dist. No. 3	51
Village of City	mus	Alice		No. st.,	Ward
			4	f death occurred in a hospital or institution, give its NAME instead of street a	and number)
Length of rasidence in c	or town where da	ath occurrad	yrs,mos	ds. How long In U.S. if of foreign birth?yrs.	mos ds.
2. FULL NAME	// Can	an	/J, X	ews.	
(a) Residence: No.		(Usual place o	(abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AN	ND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	The same of the sa
m - n	tute		IED, WIDOWED, (write the word)	21. DATE OF DEATH 3 (Day)	, 193 Z (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of				22. HEREBY CERT1FY, That attention 3-5 1932 to 3-6	ded deceased from
6. DATE OF BIRTH (month, da	y, and year) Mu	eh-17-	-1928	Hast saw h/M alive on 3-6 193	2 daath is sald
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated abova, atm.	
3 11 19 1 day,hrs.				The PRINCIPAL CAUSE OF DEATH and related causas of importanca ware as follows:	Date of onset
8. Trada, profassion, or part kind of work done SAWYER, BDDKKE	, as SPINNER.	nou	و	510	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked at this pecupation (month and				(Nonchi-preumoma	12/32
	orked at		in this	<i>(</i>	(?)
12. BIRTHPLACE (city or town) Worelster Co. Md. (State or country)			md.	Dther Coutributory Causes of Importance:	
		18	2000	y winey requer	
13. NAME Raquised & Lewis 14. BIRTHPLACE (city or town) Worester Co. Md.			o.md	Name of operation	of
(State of country)					an autopsy?
15. MAIDEN NAME There M. Johnson 16. BIRTHPLACE (city or town). Some Server Co., Mid. (State or country)				23. If death was due to external causes (VIOLENCE) fill in also the folior Accident, suicide, or homicide?	
17. INFORMANT Caymond & Lewis (Address) Superhiel nd P.C.				(Specify city or town, county and Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE,
18. BURIAL, CREMATION, OR	emporal tess	Boto Ma	r 8 .1932	Mannar of injury	
19. UNDERTAKER (Addrass)	Titte wow	25-	, Ind	24. Was disease or injury in any way related to occupation of deceased? If so, spacify	700
on such 3/7 32 Le Car Senth,				(Signad) ////Valsche	1 A. M. D.

If more blanks are heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addrass)

Registrar.

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Example I	-	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURNAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		• 11		

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH County Worcester	STATE OF MARYLAND CERTIFICATE OF DEATH
01-1-	Registration Dist. No. 354
Village or City Street (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unknow lesson Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Melu 30 , 1983 2
Mch 30, 1932 (Month) (Day) (Year)	that I last saw hit dear of Mch 30 1932
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Manyland	(Durstion) yrs. mos da Contributory Secondary (Durstion) yrs. mos. da
13 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Beather Securett	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place In the of death State yrs mos death for not at place of death?
(Address) Stockton Manuel (Address) Stockton Manuel Filed Mch3/ 1924 Harry Mch2/ Registrar	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 20 UNDIRTAKER 10 PLACE OF BURIAL 20 UNDIRTAKER 20 PLACE OF BURIAL 20 PLACE
If we have brombe one hand address State Deviation	15 W Saratore St. Reito Penuesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., waren laborer, laborer, laborer, etc., waren laborer, l state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physiciam, Compositor, Architect, Locamotive engineer, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on yrs). without more precise specification as Day For persons (b) Automobile factory. The material Laborer-Caal minc, etc. Womwho have no occupation not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-PEASE CAUSING DEATH (the primary affection with respect-to time and causation), using always the same accept-ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fcier (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcama, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. valvular heart Nomenclature of the The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthr..ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, aspecially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it ployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer -- Coal mine, etc. Womworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Freiness, that fact may be indicated thus: Farmefilte. state occupation at beginning of illness. If retired from or given up on account of the msease causing beater, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servani. Cook to report specifically the occupations of persons on ured 6 yrs.). For persons who have no occupation whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Crocery;

Exacement of Cause of Death—Name, first, the bisease causing nearm (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhold pneumonia"); Lobar pneumonia, Bronohopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measics; mges, peritonacum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," (secondary or intercurrent) Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid and qualify as accinental, suicidal, or Homicidal, or State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase vulsions," train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. "Puerperal septicuemia," "Puerperal peritonitis," quences (e. g., sepsis, tetanus) may be stated under the Poisoned by earbolic acid-probably suicide. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." ture of the injury, as fracture of skull, and conse-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on stateaffection need not be "Anaemia" "Соша," (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-100)
County Worcester	Registration Dist. No. 332
Village or City Berlin	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Shomas D. Marsh	rall.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) May 10/873	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 840 m.
56 3 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	7-10-7
SAWYER, BOOKKEEPER, etc.	Could Cloudens
work was done, as SILK MILL, familiar	Frankey & Shull at
10. Date deceesed lest worked at this occupation (month end year) year) 11. Totel time (years) spent in this occupation occupation	fra.
12. BIRTHPLACE (city or town).	Other Coutributory Causes of importance:
(State or country)	In Berlin, md., in State Highway.
13. NAME Chas. C. marshall.	Curlin
13. NAME Clas. C. marshell. 14. BIRTHPLACE (city or town). Maryland. (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Columbus marchael.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Centre account
Place Evergreen. Dete Mar. 9, 1932	Nature of injury From at Base
19. UNDERTAKER J. W. Burbago	24. Was disease or Injury in any wey related to occupation of deceased?
(Address) Bulin and	If so, specify
20 FILED Mar 8 1932. I W Moundard	(Signed) M. D.

If more blanks are needed, addred State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

And Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		many is subjected to the same of the same of	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 5 1002	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	suses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL REPORTS OF THE PROPERTY OF THE PARTY OF A DESCRIPTION AS A DESC

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN
_	

St., Ward.		give city or town	Marie Control of the
	ERTIFICATE	OF DEAT	H
1. DATE OF DEATH	Month)	h 19	, 193 Z (Year)
2. IHEREB	CERTIF	Y. Thet I atter	nded deceased from
	, 19, to		, 19
l last saw h elive on	(01	, 19.	; deeth is said
to heve occurred on the date state	ed above, at	1m.	
The PRINCIPAL CAUSE OF DEA	TH end related caus	es of importance	1
Dead bo	ru-	20	Date of onset
	den	10	
7		0	
Other Contributory Causes of imp	ortence:		
Other Contributory Causes of imp	ortence:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Other Centributory Causes of imp	ortence:		
Other Contributory Causes of imp	ortence:		
Other Contributory Causes of imp		Dete	of
Neme of operation		· _	
Neme ef operetion		Was there	an autopsy?
Neme ef operetion	uses (VIOL ENCE) f	Was there	e an autopsy? owing:
Neme ef operetion	uses (VIOL ENCE) f	Was there will in also the foll Date of injury	e an autopsy? owing: , 19
Neme ef operetion Whet test confirmed diagnosis? 3. If deeth was due to externel ca Accident, suicide, or homicide?	uses (VIOL ENCE) f	Was there ill in also the foll Date of injury	e an autopsy? owing: , 19
Neme ef operetion Whet test confirmed diagnosis? 3. If deeth was due to externel ca Accident, suicide, or homicide? Where did injury occur?	uses (VIOL ENCE) f	Was there ill in also the foll Date of injury	e an autopsy? owing: , 19
Neme ef operetion Whet test confirmed diagnosis? 23. If deeth was due to externel ca Accident, suicide, or homicide? Where did injury occur?	uses (VIOL ENCE) f	Was there ill in also the foll Date of injury	e an autopsy? owing: , 19

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite, terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the ase of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

e of onset	The principal cause of death and related eauses	Date of onest
H	of importance were as follows:	Succ or wiset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y5,1927	Peritonitis	3 days ago
y 1,1923	Other contributory eauses of importance: Gastroenteritis	1 year
1	1921 y5,1927	1921 Run over by street car y5,1927 Peritonitis Other contributory causes of importance:

(N)	infor-
XV	Jo
	item
	Every

RECORD. MARGIN RESERVED FOR BINDING -WRITE PLAINLY,

V. S. No. 1

	Worcester		(9:	Registration Dist. No. 350	
Village or	city near Poco	moke		ND. St., death occurred in a hospital or institution, give its NAME instead of street and number	Wa
Length of re	sidence in city or town where d	eath occurred 18	GII Byrsmos	death occurred in a hospital or institution, give its NAME instead of street and numberds. How long in U.S. If of foreign birth?yrs,yrs,mos	er)
2. FULL N	AME George	Rayfiel	Ld		
(a) Reside	ence: No.	(Usual place o	f abode)	St., Ward. If nonresident give city or town and State	
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. color or race Black	5. SINGLE, MARR OR DIVORCED WICOW	(write the word)	21. DATE OF DEATH March 18, 193 (Month) (Day)	2 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY, Thet I ettended decea	sed fr
(OF) WIFE OF				March 15, 19 32 to March 18,	1932
6. DATE OF BIRTI	(month, day, and yeer)	arch 22,	, 1880	last saw h im alive on March 17, 19 32 dea	th Is s
	ears Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	1 11	26	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	e of one
kind of	fession, or particular work done, as SPINNER, R, BDOKKEEPER, etc			Myocardial degeneration.	
. Industry o	business in which vas done, as SILK MILL,				
SAW N	ILL, BANK, etc	armer	na (vaare)		
- 11110 00	cupation (month and	spani	t in this pation		
				Other Contributory Causes of importance:	
12. BIRTHPLACE (State or co		nia			
13. NAME	William Ra	yfield			
14. BIRTHPLA	CE (city or town)			Name of operation Date of	
	CE (city or town) Virgi	nia		What test confirmed diagnosis? Was there an autops	
15. MAIDEN N	AME Hester	70 pg		23. If death was due to external causes (VIDL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Virginia (State or country)				Accident, suicide, or homicide? Date of injury,	19
17. INFORMANT Ambert Rayfield				Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	Pocomoke,	R.D.#3			
18. BURIAL, CREMATION, OR REMOVAL PlaceWattsville, Va. Date Mar. 20, 19 32			20, 19 32	Manner of injury	
19. UNDERTAKER	Chas. A. Pu			24. Was disease or injury in any way related to occupation of deceased?	
(Address) Snow Hill, Md.				If so, specify	

20. FILED Mar. 19., 19 32 John T. Riley.
Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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To be complete, an occupation return must state:

4/2/32

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

BURE AU VS

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1/2 20	9		
Other contributory causes of importance.	ê,	Other contributory causes of importance:	
Gallstones	May 11923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

V. S.

63	361
Vo. 3	55
St., d of street and n yrsmo	Ward
y or town and	State
/ Day)	193 <u>2</u> (Year)
at t attandad d	
es 1	
, 193.3.	deeth is said
n, nportenco	
	Oate of onset
a 9 2	Jef 22
Date of Was there en a	
the following:	
Injury	
county and State	CF.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
ed causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1932 1921	Run over by street car	1 week ago
	Peritonitis	3 days ago
· · · · · · · · · · · · · · · · · · ·		
May 1,1925	Other contributory causes of importance:	1 year
	1915 1932 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Ce: Other contributory causes of importance:

PLACE OF DEATH	STATE OF MARYLAND
County Worcester	CERTIFICATE OF DEATH
	Registration Dist. No.354
Village or City Stockton (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE. MARRIED. Married Widowed Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH McL. 21, 1982. (Month) (Day) (Year)
6 DATE OF BIRTH Jan. 2, 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Meh H 1922 to Meh 2 ,1923 2 that I last saw have alive on Meh 2 1923 2
7 AGE 72 yrs. 2 mos. 19 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Oysterman (b) General nature of industry	Cerebral Hemorrhage
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF John Rowley	(Signed) John D. Dockers M. D. Mclud 22 1932 (Address) Statistan M. D.
OF FATHER (State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAID	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER (Contact Rowley 13 BIRTHPLACE OF MOTHER (State or Country Maryland	1B LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Stockton, Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL New Structure Mch23 152 L
File Mch 22 Harry 70 Joseph	20 UNDERTAKER Bennett Stocklys

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. The ques-Grocery,

Statement of Cause of Death—Name, first, the DISE BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropay," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term. "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	: 1915	Attack of cyilepsy	1 week ago	
Chronic interstitial nephritis ADD 2	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PUREAU V.S				
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1931

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
APR 2 1932	1915	Attack of epilepsy	1 week age	
Chronic interstitial nephritis		Run over by street car	1 week age	
BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
	1			
ses of importance:		Other contributory causes of importance:		
Gallstones		Gastrointeritis	1 year	
	May 1,1923	Gastroenterius	I ne	
	death and related causes ollows: PR 2 132 is BURTAU V.S.	death and related causes of onset of on	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy is 1921 Run over by street car Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PAISICIAN

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If more blanks are needed, address Sigte Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related eauses of importance were as follows:	Date of onset	
Arteriosclerosis	The second secon	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	RECEIVE	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	A Care	July 5,1927	Peritonitis	3 days ago	
	APR 2 1932	1			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	



(I) 15	1PLACE OF DEATH	63366
HYSI- Exact	County Warristis	STATE OF MARYLAND CERTIFICATE OF DEATH
- A	0	Registration Dist. No. 352
RECORD (O	Village or City 13 ulin Mano. 2FULL NAME A Manue	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street and number.)
R R	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NE NE	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH Frachen 3. 198 5
A PERMA	B DATE OF BIRTH (Write the word) (Write the word) (World the word) (World the word)	(Month) (Day) (Year) 17 Feb HEREBY CERTIFY, That I attended the deceased from 19272, to Feb. 1983 that I last saw h & A alive on Feb. 2 F., 1983
IS IS ed.	7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
ESERV INK' ully sup plain te nt. See	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Found in hed dead. Caine Unknown to beste) Probably Brondition founts. (Duration) yrs. mos. 4 de.
MARGIN UNFADIN ould be car or DEATH	9 BIRTHPLACE (State or country) 10 NAME OF FATHER Ralny, 10 Namith	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Address) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Signed) (Signed) (Signed) (Signed) (Signed)
n sh	OF FATHER Z (State or country) 12 MAIDEN NAME	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PLAINLY f inform d state	of MOTHER Mary a. Walls 13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs ds. Where was disease contracted,
AN Annual	(Address) Bushin Mal	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ADATE OF BURIAL MAN. 3. 1983
V. K. No. 1 N. BEve	Filed Mar 5 1932 & U-Mury for Logistral If more banks are needed, address state Registral	20 UNDERTAKER ADDRESS 1. W. Bushage Beslin And 7. 16 W. Saratoga St., Balto., L. Guesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite saiary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile foctory. The material single word or term on (b) The ques-Grocery,

stinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EA I CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> natedinus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepeis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (mome origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by rollwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJUNY can be ascertained as the cause. Always qualify all Whooping cough; use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

perma Abta is essential and must be obtained before the certificate is bermanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and al questions

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1

STATE OF MARYLAND-CERTIFICATE OF DEATH

63367

1. PLACE OF DEATH	107-04
County Warrester	Registration Dist. No. 352
Village or City 13 selin	NDSt., Ward
Length of residence in city or town where death occurredyrs,mo	f death occurred in a hospital or institution, give its NAME instead of street and number) s
1 11 1 1	now one in o. s. ii of foreign official yes
2. FULL NAME James Rotert	mun
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2002 31 - 193 2
58. If married, widowed, or divorced	(Month) (Oay) (Year)
HU3BAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) May 22 1931	I last saw beautive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
10 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Browels Culmana
kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) occupation	
mad	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)	
13. NAME Mach Smith	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elsie E. Rodney	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AMAS (Mach 1) milk	Specily whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Los Gleen Date Up 2, 1932	Nature of Injury
19. UNDERTAKER JIM Bustage	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Section fred	If so, specify
20. FILED Clipsel 2 1932 & O. Haunford	(Signed) has ! . Jaw M. O.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIRE AU V. S. A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

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PLACE OF DEATH	STATE OF MARYLAND
County Hoverter	CERTIFICATE OF DEATH
Village or City near Selbzville (No	Registration Dist. No. St.: Ward) St.: Ward) Use of street and of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 29, 1982 (Month) (Day) (Year)
6 DATE OF BIRTH do not know (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from August 1932 to Sate 7 Death, 192 that I last saw ham alive on 3 - 2 4 , 1925
about 72 yrs. mos. ds. lfLESS the	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	vas removed on December 1 a 2 9
9 BIRTHPLACE (State or country) (State or country)	Contributory Secondary (Durstion) yrs mos ds
10 NAME OF JSDE Smith	(Signed) Frank A Levis M. D. 3-30 1932 (Address) Willards Md
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Similar Jours 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of death yrs mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) Mr Samel Smith (Address) AFD no L	19 PLACE OF BORIAL OR REMOVAL DATE OF BURIAL 1988
Filed Jev 1932 - J. J. J. Registrar	20 UNDERTAKER L. Sons Subville
If more blanks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer vac in the duties of the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write None. business, that fact may be indicated thus; Farmer (re-," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. yrs). without more precise specification as Day (b) For persons who have no occupation Automobile factory. The material The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,");

"Uraemia," "Weakness," etc., when a definite disease "Convulsions," "Coma," "Convulsions," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomtetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificats is permanently filed.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	7	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 5 199	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PURCATI V.S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLA	CE	OF	DE	ATH

6

Worcester



STATE OF MARYLAND CERTIFICATE OF DEATH

WITHIN GOBPORATE LIMIT	Registration Dist. No. 350
Village or City Ocomoke City (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, White Wildowed, OR DIVORCED (Write the word)	Pocomoke City (Month) 3 (Day) 6th (Year) 3
July 9th., 1856. (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from Fabruary 29th 19232 to large 6th, 19232, that I lest saw him alive on harch 6th, 1933,
75 yrs. 7 mos. 26 de. or min.?	and that death occurred on the date stated above, at 3 a 25 Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Liveryman & Horse deale (b) General nature of industry business, or establishment in which employed or (employer) PRINTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs. mos. 7 ds. Cannot say. (Duration) yrs. mos. ds.
10 NAME OF FATHER E.J. Townsend	(Signed)
Z (State or country) Maryland 12 MAIDEN NAME OF MOTHER Amond of The December	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Amanda M. Brown 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of death
(Informant) Niss Mollie Townsend (Address) Pocomoke City, Maryland. 15 Filed Hick 8 1922 Jan 7 Registrar	Former or usual residence 12 PLACE OF BURIAL OR REMOVAL 13 P. Cemetary Pocomoke City, Naryland March 8th 1932 20 ENDERTAKER 14 PERSON OK City Maryland.

If more bianks are needed, address State Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) iron)

srinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fover (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia

> Capproved by Committee on Nomenclature «(Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 'American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

ently filed

V. S. No. 1

1. PLACE OF DEATH	95-E)
county worces to.	Registration Dist. No. 35-2
Village or City Section	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Service Warre	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH march 19 193 (Year)
5a. If married, widowed, or divorced HUJBAND of (or) WIFE of Cycus Warrey.	22. I HEREBY CERTIFY. That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) June 5, 1863	I lest saw h. 21 elive on March 19 , 1919 37 death Is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete steted above, et 10.19m.
6 8 years 9 14 1 day,hrs.	the fallows of blanks and telated ceuses of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Data of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	Logiphe
10. Date deceased lest worked at this occupation (month and year)	
201	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Classi Hast Disease
13. NAME John Burkett.	- Visionic (1000)
14. BIRTHPLACE (city or town)	Neme of operation Proma Date of
(State or country)	What test confirmed diagnosis? None Wes there an autopsy?
15. MAIDEN NAME Priscella (unknown)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Pris cella (unleuron) 16. BIRTHPLACE (city or town) (Stella or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Miss- Eller Desses	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION_OR REMOVAL	
Place St. Pauls Date Mar. 22,1937	Menner of Injury
19. UNDERTAKER J. W. Burlinge.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Berlin on d.	If so, specify
20. FILED Man 21957 IV, Muniford Registrar.	(Address) Allow M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND-CEPTIFICATE OF DEATH

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
b. 0		
- Land	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR

MARGIN

S. No. 1

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tion, give	00010
Registration Dist. No. 5 Village or City Brills (No. St.: Ward) (If death a hospital tion, give stead of number.) PERSONAL AND STATISTICAL PARTICULARS 3 SEX	AND
Village or City Jamy (No. St.: Ward) 2FULL NAME James (No. St.: Ward) PERSONAL AND STATISTICAL PARTICULARS 3 SEX	EATH
Village or City Jamy (No. St.: Ward) 2FULL NAME James (No. St.: Ward) PERSONAL AND STATISTICAL PARTICULARS 3 SEX	5-3
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, OR DIVORCED (Write the word) 5 SINGLE MARRIED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 3 2 7 1939 (Month) (Day) (Year) 7 AGE If LESS than I day hrs. or min.) 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER WALLE AUGUST 13 DETAIL OF DEATH 14 DEATH 15 DATE OF DEATH 16 DATE OF DEATH 3 - 2 3 192 . to. 3 - 2 7 that I attended the or min.) 17 I HEREBY CERTIFY, That I attended the or min.) 18 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER WALLE AUGUST 13 LERGTH OF RESIDENCE (For Hospitals, Institution or Recent Residents)	occurred i l or institu its NAME is street en
3 SEX A COLOR OR RACE MARRIED, Month) (Day) 17 I HEREBY CERTIFY, That I attended the 3 - 2 3 193 to 3 - 2 7 that I last saw harmalive on 3 - 2 3 193 to 3 - 2 7 that I last saw harmalive on 3 - 2 3 193 to 3 - 2 7 that I last saw harmalive on 3 - 2 7 that I last sa	
MARRIED. Widowed. OR DIVORCED OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended the a secondary that I last saw him alive on 3 - 2 7 that I la	
TAGE (Month) (Day) (Year) (Interest Centify, That I attended the angle of the control of the date stated above, at and that death occurred on the date	, 192 (Year)
and that death occurred on the date stated above, at January Janua	,
and that death occurred on the date stated above, at January Janua	
day hrs. hrs	1923
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) B BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Hattle Which employed or (employer) 13 LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents)	1300
(a) Trade, profession or particular kind of work (b) General nature of induatry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Wattel 13 Lello 14 Lello 15 Lello 16 Lello 17 Lello 18 LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents)	ma
Secondary Secondary Secondary (Duration) With the Company of the Country of t	mos.//) ds
FATHER FATHER Signed (Signed) 11 BIRTHPLACE OF FATHER (State or country) Which is a second control of the country of the control of the country of th	mos,de
*State the Disease Causing Death, or, and Violent Causes, state (1) Means of Injury and (1) Accidental, Suicidal or Homicidal. *State the Disease Causing Death, or, and Violent Causes, state (1) Means of Injury and (1) Accidental, Suicidal or Homicidal. *State the Disease Causing Death, or, and Violent Causes, state (1) Means of Injury and (1) Accidental, Suicidal or Homicidal. *State the Disease Causing Death, or, and Violent Causes, state (1) Means of Injury and (1) Accidental, Suicidal or Homicidal. *State the Disease Causing Death, or, and Violent Causes, state (1) Means of Injury and (1) Accidental, Suicidal or Homicidal. *State the Disease Causing Death, or, and Violent Causes, state (1) Means of Injury and (1) Accidental, Suicidal or Homicidal.	00 M. D
of Mother Hattle Hudson 18 LENGTH OF RESIDENCE (For Hospitals, Institu	eaths from 2) Whether
lents of Recent Residents)	tions, Trans
OF MOTHER At place In the of death year mos. da. State year	mosd
(State or Country) / VCC . Where was disease contracted,	
(Informant) Mrs Frank (Wills) if not at place of dea.h)	
	BURIAL
15 Filed 2/29 1932 J & Ryan 20 MATAKERS Selly	will
If more blanks ere needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.	XO

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid American Medical Association.) approved tetanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanantly filed.

STATE OF MARYLAND— 1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Worcester	Registration Dist. No. 355
Village or City Berline (1	No
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Jane We	st
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the, word)	21. DATE OF DEATH Max (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. West.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) au. 18, 1850	I last saw h_ alive two mo, 19 19 19 death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	when I last Daw his
D. Date deceased last worked at this occupation (month and year)	, , , , , , , , , , , , , , , , , , , ,
12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Coutributory Causes of Importance:
13. NAME The B. Chatham	
13. NAME Stu (3. Chattain 14. BIRTHPLACE (city or town) Maryland. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME narcissa. Cousey	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Narcissa. Causey 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Luwe Tuimous (Address) Berlin md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Mory Liel, Md Date Mar 3, 19 3	Manner of injury
19. UNDERTAKER J. W. Burbage (Address) Berley Md	24. Was disease or injury In any way related to occupation of deceased?. If so, specify
20. FILED 3-3-, 1932 Thelen J. Haywa.	(Signed) Aultones Drow Old M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PURIAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN